

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission .....	06/01/2021 11:22 (SGT)
Date of Accident .....	19/12/2020 21:06 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF SERANGOON CENTRAL TOWARDS YIO CHU KANG LINK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJX3166R
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GANSHAAM RAM EEDNAANI
NRIC No .....	SXXXXX471E
Email Address .....	MR_SHAAM@YAHOO.COM
Mobile Phone No .....	(Phone) +65-87964155
Alternative Phone No .....	+65-87964155

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	MT/00510429/02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	GANSHAAM RAM EEDNAANI
NRIC No .....	SXXXXX471E
Date Of Birth .....	17/08/1981

Occupation .....	Indoor
Date Of Driving Pass .....	21/02/2008
Driving experience .....	12 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87964155
Alt. Phone Number .....	+65-87964155
Email Address .....	MR_SHAAM@YAHOO.COM
Address .....	8 BOON KENG ROAD #23-146
Address complement .....	-
Postcode .....	330008
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE STATEMENT AND POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD3603A
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
Name of Driver .....	-

Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

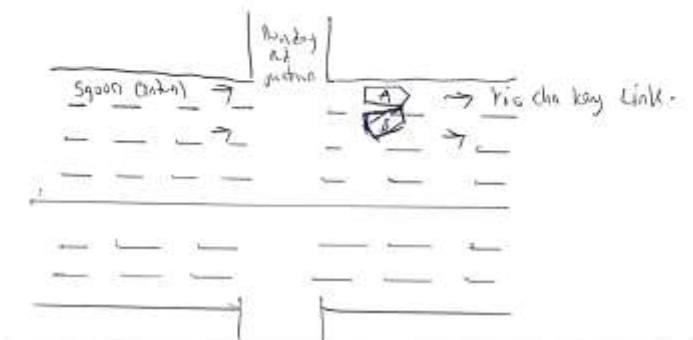
## Accident Toolkit

### Sketch plan

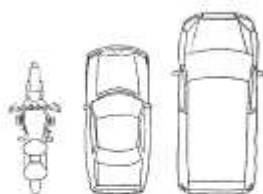
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

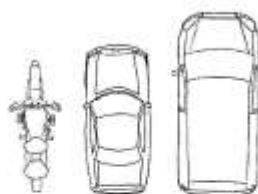
If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A  
STX 3166R



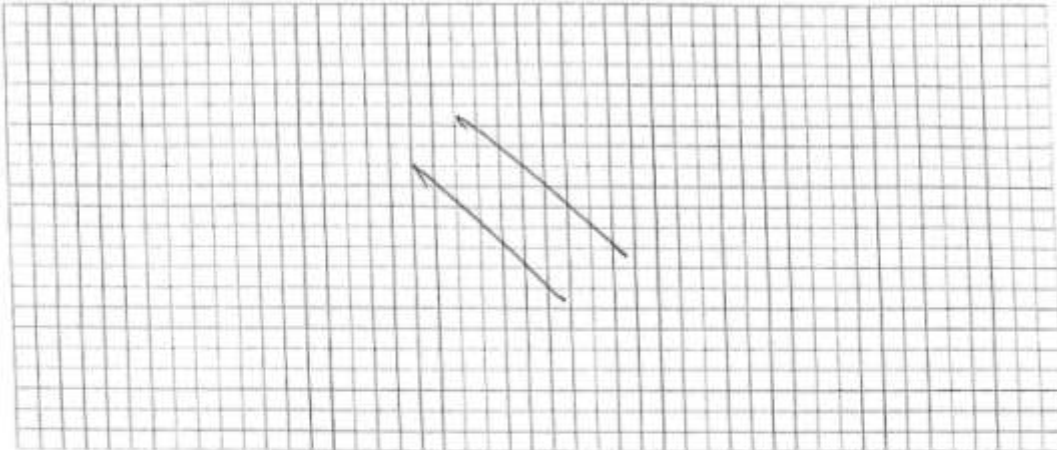
Vehicle B



*Handwritten signature*  
24/12/20  
3pm

Call us direct  
Customer Care  
**6665 5555**  
Claims Support 24/7 Hotline  
**6572 1818**  
(800 800 1818 (toll free))

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Road was clear. Driver of taxi signalled and changed lane while I signalled and went to the left most lane. The taxi then did a further lane change without looking out for traffic. Thus, he hit into the side of my car, hitting my 1) side mirror, 2) side door, 3) fender, 4) Rim. I tried to ask for his contact many many times but he said its a small accident. And then he proceeded to drive off as he had a passenger in his car. I was helpless and just drove off as there was no injury but was a bit dazed as he hit me from my left side. I was shocked by the impact.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time: 22/12/20  
 3 pm  
GUARMC SketchPlan form, V3

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:


# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time: 29/12/20  
 3pm

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

GIA-RAC Sketch Plan Form V3













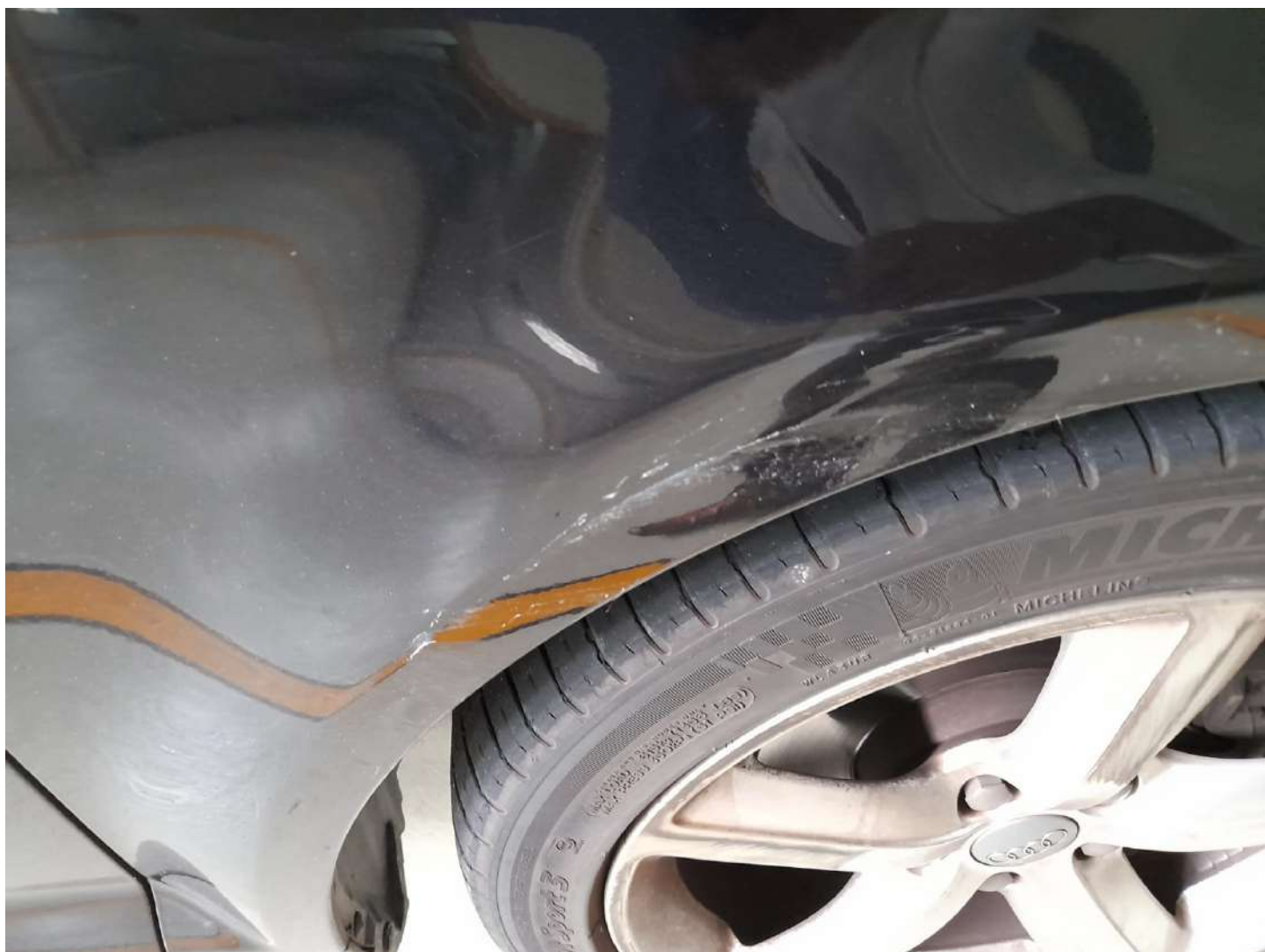


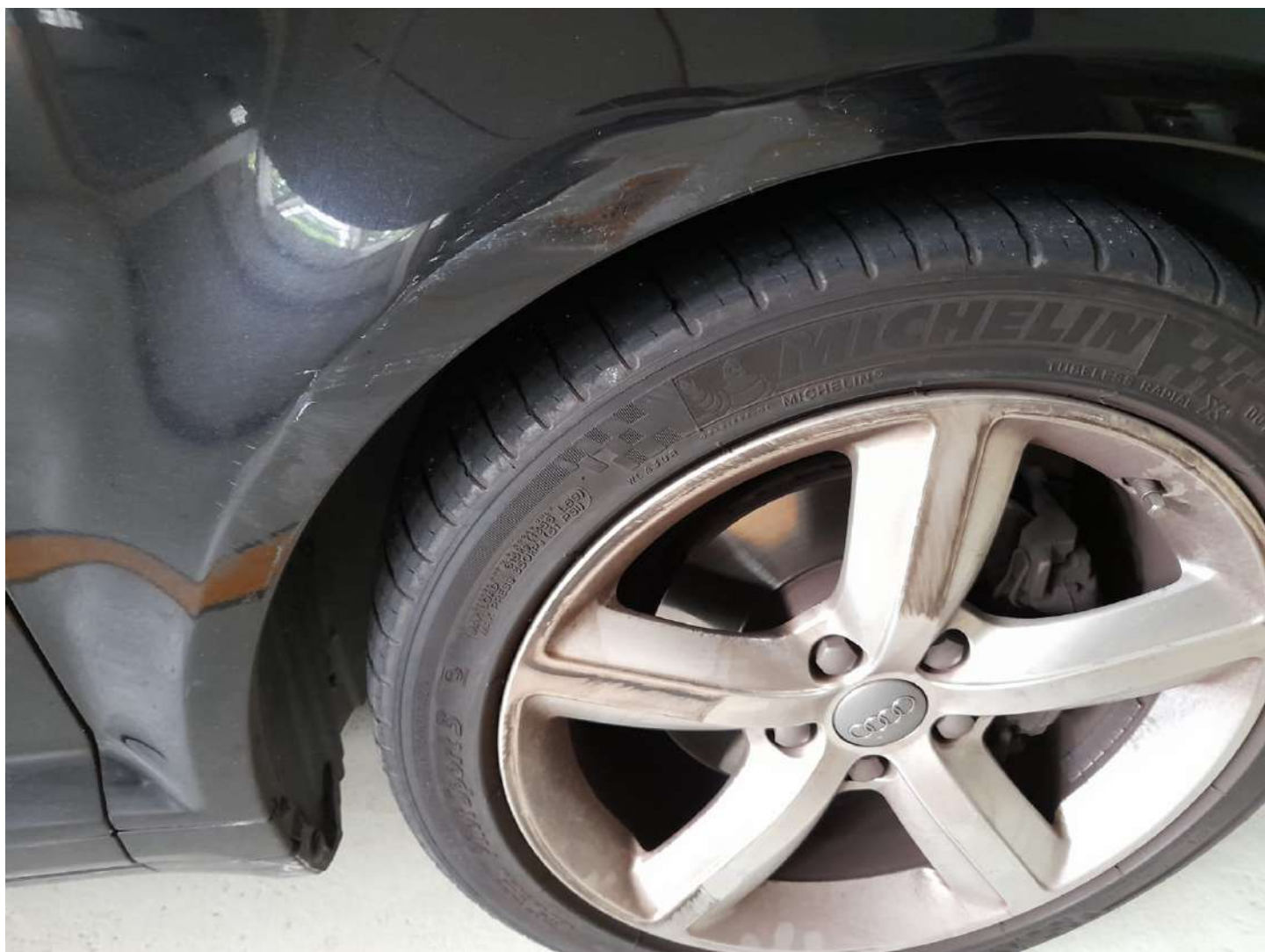


























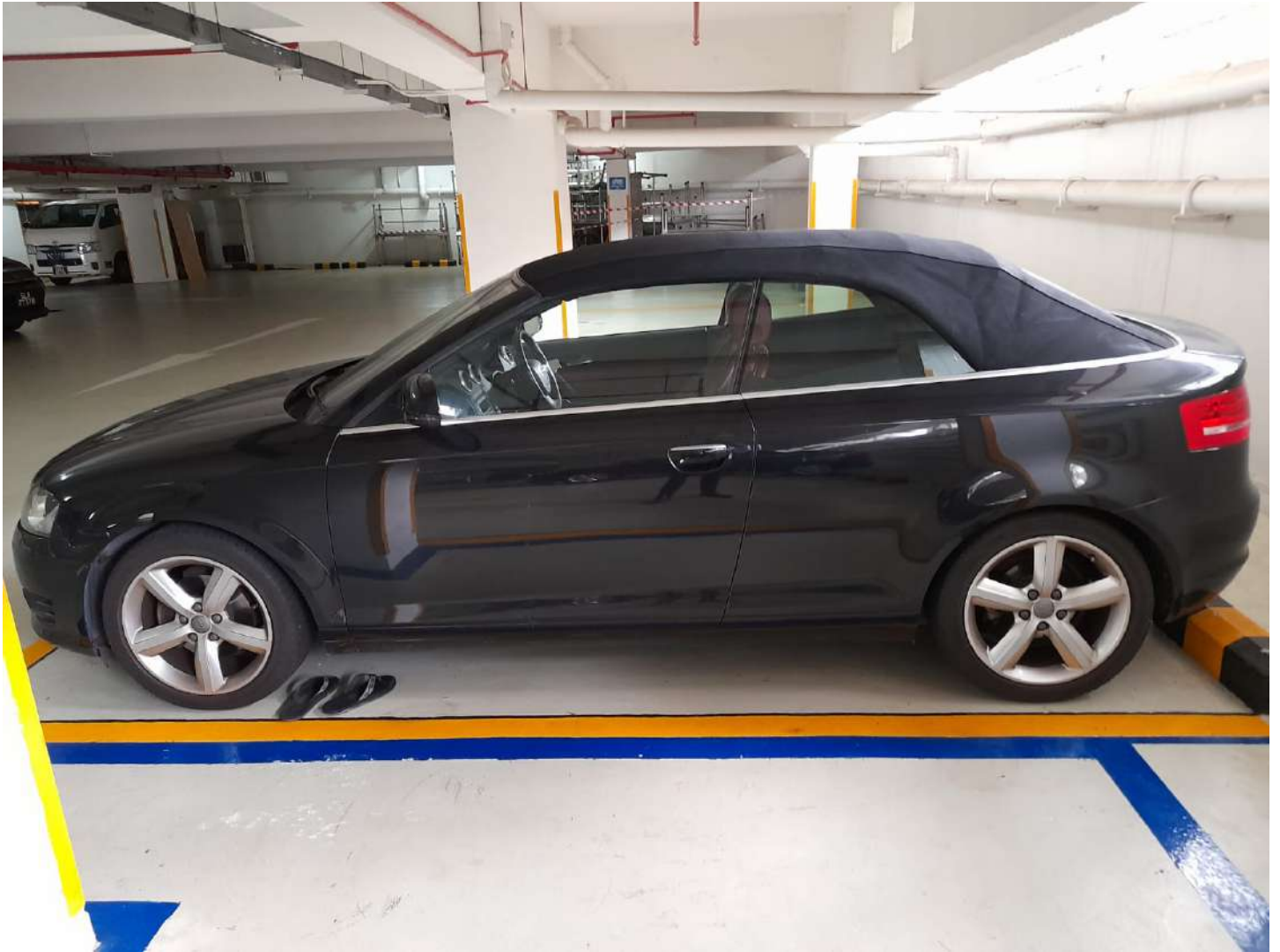




























# SINGAPORE POLICE FORCE



T/20210104/2130

1 of 3

Report No. T/20210104/2130

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2021 20:45	Vide Report No.:	Station Diary No.: 104
--	------------------	---------------------------

### Informant's Particulars

Name of Informant: GANSHAAM RAM EEDNAANI			Address: APT BLK 8 BOON KENG ROAD #23-146 SINGAPORE 330008	
ID Type / ID No.: NRIC NO / S8124471E			Contact No.:	Mobile: 87964155
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 39	Date of Birth: 17/08/1981	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/12/2020 21:05	Type of Location: X-Junction
Location:  YIO CHU KANG LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3603A	Car				No Damage	1
SJX3166R	Car	AUDI	A3 1.8T CABRIOLET FSI AT ABS D/AB TC HID	Black	Slightly Damaged	0

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999



T/20210104/2130

2 of 3

Report No. T/20210104/2130

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX3166R	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00510429/02	18/07/2018	30/05/2021

**Brief Details.**

On 19/12/2020 at about 2107hrs, I was driving on the third lane along Serangoon Central towards Yio Chu Kang Link. After I drove past the cross junction of Yio Chu Kang Link and Boundary Road, I gave way to a blue coloured Comfort Delgro taxi (SHD3603A) who wanted to change into my lane from the second lane. I then changed to the last lane when the taxi decided to change to the last lane as well. However as the taxi changed lane, he collided into the right (driver) side of my vehicle. Both of us got off our vehicles to make a check and the taxi driver informed me that there is not much damage to my vehicle and left. I did not manage to get his particulars as he refused to give it to me. I did not want to pursue the matter however when I reported it to my insurance company, they instructed me to lodge a police report. I did not sustain any injuries.

As a result of this minor collision, my vehicle sustained a slight dent on the right door, my right side mirror broke, the right side fender was dented and the paint came off and the window at the driver seat cannot be wind up. There is also some damages sustained on the right side rim however I am unsure of what damage it is.

I am lodging this report for insurance claims.

**SINGAPORE  
POLICE FORCE**

T/20210104/2130

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No: T/20210104/2130

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 2 POH YING XUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2021 20:45

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP158SINGAPORE  
POLICE FORCE

SIGNATURE



